

Foster Family Home - Deficiency Report

Provider ID: 1-130059

Home Name: Rosalina Mendoza, CNA

Review ID: 1-130059-10

94-1039 Pouhana Way

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 10/26/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1 for [REDACTED] [REDACTED] [REDACTED]. Instead, a delegation is signed by all CG for the incorrect medication [REDACTED] [REDACTED] given [REDACTED] instead of ordered [REDACTED] given [REDACTED]
Client # 2 : No delegation for MD ordered [REDACTED] [REDACTED] Client heard coughing with eating. Also on medications for [REDACTED] without any service plan, teaching sheet or delegation for [REDACTED] [REDACTED] guidelines

3 Person Physical Environment	3 Person Physical Environment	(3P) Env.
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(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(c)(3) Env. There is no wheelchair accessible dining area or dining / kitchen table for clients or household members

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Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

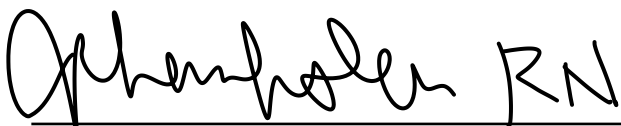
54.(c)(3) Client # 1 has a MD order for [REDACTED] monitoring to be done [REDACTED] Client does not have a [REDACTED] and no [REDACTED] has been performed or documented

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Client # 1 - a [REDACTED] ordered for "[REDACTED] up to [REDACTED] times per day" does not have any delegation or MD order for the criteria used for [REDACTED] use and has been given [REDACTED] times per day since ordered 8/2021

54.(c)(7) Client 1 and 2 have No proof of Expenditure records or filled out incorrectly

54.(c)(8) Client 1 and 2 Personal inventory sheet is blank and not signed

 RN

Compliance Manager


Primary Care Giver

10/26/21
Date
10/26/21
Date